PTO/SB/17 (10-07)
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Under the Paperwork Reduction	Act of 1995, no person are requ	ired to respond to a coll			
Under the Paperwork Reduction / Effective on 12/08/	Complete if Known Application Number 10/720,056-Conf. #4192				
paraulit to the consolidated repreparations riot, 2000 (rink to to).				November 25, 2003	
FEE TRANSMITTAL		First Named Inve			
For FY 2008				M. Heckert	
Applicant claims small entity status. See 37 CFR 1.27		4700			
<u> </u>		7 tt Offic			
TOTAL AMOUNT OF PAYMENT (\$) 930.00		Attorney Docket No. 0465-1094P			
METHOD OF PAYMENT (check	all that apply)				
Check Credit Card	Money Order No	one Other (p	lease identify)	:	
x Deposit Account Deposit Account	Number: 02-2448	Deposit A	ccount Name:_	Birch, Stewart	t, Kolasch & Birch, LLP
For the above-identified depo	sit account, the Director i	s hereby authorized	d to: (check	all that apply)	
x Charge fee(s) indicated		<u></u>	fee(s) indic	cated below, ex	xcept for the filing
Charge any additional fee(s) under 37 CFR 1.	ee(s) or underpayments on the second of the second 1.17	of x Credit a	any overpay	ments	
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND E					
FI Application Type Fee (\$	Small Entity	ARCH FEES Small Entity Fee (\$)	EXAMINA Fee (\$)	TION FEES Small Entity Fee (\$)	Fees Paid (\$)
Utility 310	155 510	255	210	105	
Design 210	105 100	50	130	65	
Plant 210	105 310	155	160	80	
Reissue 310	155 510	255	620	310	
Provisional 210	105 0	0	0	0	
2. EXCESS CLAIM FEES					Small Er
Fee Description Each claim over 20 (including Reiss	nes):				Fee (\$) Fee (\$
Each independent claim over 3 (incl					210 10:
Multiple dependent claims					370 18:
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Mul	tiple Depende	ent Claims
7 - 20 =			Fee		Fee Paid (\$)
HP = highest number of total claims paid for				_	
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)		•	
2 -4=	=				
HP = highest number of independent claims	paid for, if greater than 3.				
3. APPLICATION SIZE FEE If the specification and drawings en listings under 37 CFR 1.52(e)), sheets or fraction thereof. See 3	the application size fee de	ue is \$260 (\$130 fo			
Total Sheets Extra Sheet	s Number of each	additional 50 or frac		Fee (\$)	Fee Paid (\$)
		_ (round up to a whol	e number) x	 :	=
4. OTHER FEE(S) Non English Specification \$13) fee (no small antique di-	count)			Fees Paid (\$)
Non-English Specification, \$130 Other (e.g., late filing surcharge)	1801 Request for cor 1251 Extension for re	ntinued examinati	ion (RCE)	(see 37	810.00 120.00
	1201 EXICUSION TO TE	saponse within III	at monun		120.00
SUBMITTED BY	200	Desistanti N-			
Signature Sames 1.	Eller. Ch	Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205-8000
Name (Print/Type) James T. Eller, Ji	·. //			Date S	September 8, 200